



## TRANSMITTAL FORM

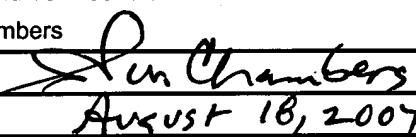
(to be used for all correspondence after initial filing)

		Application Number	10/773,570
		Filing Date	February 5, 2004
		First Named Inventor	Kolobow, Theodor
		Art Unit	3743
		Examiner Name	
Total Number of Pages in This Submission		Attorney Docket Number	015280-502000US

### ENCLOSURES (Check all that apply)

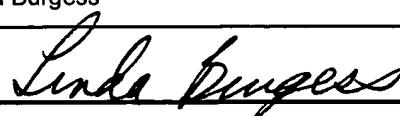
<input checked="" type="checkbox"/> Fee Transmittal Form	<input checked="" type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Technology Center (TC)
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> Preliminary Amendment	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input checked="" type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Preliminary Amendment; Declaration; Statement Under 37 CFR 3.73(b); Return Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.	
<input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Townsend and Townsend and Crew LLP Guy W. Chambers	
Signature		
Date	Reg. No. 30,617 August 18, 2004	

### CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Linda Burgess		
Signature		Date	8/18/04



# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 1578)

Complete if Known	
Application Number	10/773,570
Filing Date	February 5, 2004
First Named Inventor	Kolobow, Theodor
Examiner Name	
Art Unit	3743
Attorney Docket No.	015280-502000US

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  Other  None  
 Deposit Account:

Deposit Account Number **20-1430**

Deposit Account Name **Townsend and Townsend and Crew LLP**

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) or any underpayment of fee(s)  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1001 770	2001 385	Utility filing fee	770
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	

**SUBTOTAL (1)** (\$770)

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims	Fee from below	Fee Paid
Total Claims	19	20** = 0 X \$18 =	\$0
Independent Claims	6	3** = 3 X \$86 =	\$258
Multiple Dependent		X =	

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 86	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2)** (\$258)

\*\*or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)							
3. ADDITIONAL FEES							
Large	Entity	Small	Entity				
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description			
1051	130	2051	65	Surcharge - late filing fee or oath			
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet			
1053	130	1053	130	Non-English specification			
1812	2,520	1812	2,520	For filing a request for reexamination			
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action			
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action			
1251	110	2251	55	Extension for reply within first month			
1252	420	2252	210	Extension for reply within second month			
1253	950	2253	475	Extension for reply within third month			
1254	1,480	2254	740	Extension for reply within fourth month			
1255	2,010	2255	1,005	Extension for reply within fifth month			
1401	330	2401	165	Notice of Appeal			
1402	330	2402	165	Filing a brief in support of an appeal			
1403	290	2403	145	Request for oral hearing			
1451	1,510	1451	1,510	Petition to institute a public use proceeding			
1452	110	2452	55	Petition to revive - unavoidable			
1453	1,330	2453	665	Petition to revive - unintentional			
1501	1,330	2501	665	Utility issue fee (or reissue)			
1502	480	2502	240	Design issue fee			
1503	640	2503	320	Plant issue fee			
1460	130	1460	130	Petitions to the Commissioner			
1807	50	1807	50	Petitions related to provisional applications			
1806	180	1806	180	Submission of Information Disclosure Stmt			
8021	40	8021	40	Recording each patent assignment per property (times number of properties)			
1809	770	2809	385	Filing a submission after final rejection (37 CFR § 1.129(a))			
1810	770	2810	385	For each additional invention to be examined (37 CFR § 1.129(b))			
1801	770	2801	385	Request for Continued Examination (RCE)			
1802	900	1802	900	Request for expedited examination of a design application			
Other fee (specify) _____							
*Reduced by Basic Filing Fee Paid <b>SUBTOTAL (3)</b> (\$550)							

## SUBMITTED BY

Name (Print/Type)	Guy W. Chambers	Registration No. (Attorney/Agent)	30,617	Telephone	415-576-0200	Complete (if applicable)
Signature	<i>Guy W. Chambers</i>			Date	<i>August 18, 2004</i>	

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